

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL LEARNING CONTRACT
REQUEST FOR ~~FORBEARANCE~~ OF REPAYMENT DURING ADVANCED
PROFESSIONAL TRAINING

PART 1 - GENERAL INFORMATION (to be completed by borrower - please print or type)

NAME OF BORROWER			LRN04A _____ (SOCIAL SECURITY NUMBER)
NAME USED AT UMMS			EMPL ID (_____) _____
STREET ADDRESS			HOME TELEPHONE NUMBER (_____) _____
CITY	STATE	ZIP CODE	WORK TELEPHONE NUMBER (_____) _____
GRAD DATE FROM UMMS			EMAIL ADDRESS
<p>I certify that I am/was pursuing ACGME or AOA accredited graduate medical education. Check type of forbearance requested:</p> <p>INTERNSHIP/ RESIDENCY _____ from: _____ / _____ / _____ to: _____ / _____ / _____ (not more than 1 year at a time) FELLOWSHIP _____ from: _____ / _____ / _____ to: _____ / _____ / _____ (not more than 1 year at a time)</p> <p>I agree to notify the University of Massachusetts Medical School Financial Aid Office within 30 days if this status changes.</p>			

SIGNATURE OF BORROWER

DATE

PART 2 - CERTIFICATION (to be completed by the Program Director or equivalent at your institution - please type or print)

I certify that the information stated in Part 1 above is true and correct and that the person named above is/was, for the dates indicated in Part 1, pursuing **ACGME** or **AOA** accredited graduate medical education. **CIRCLE ONE: RESIDENCY - or - FELLOWSHIP**

INSTITUTION	TELEPHONE		
ADDRESS	CITY	STATE	ZIP CODE
DEPARTMENT /PROGRAM			

SIGNATURE and TITLE (PROGRAM DIRECTOR or EQUIVALENT) **PRINTED NAME** **DATE**



DO NOT CERTIFY BEFORE START DATE

PART 3 – ADDITIONAL ECSI ACCOUNTS

In addition to my Learning Contract account, I am requesting postponement of payment on the following loans:

DEFERMENT	ACCOUNT NUMBER	FROM	TO
Primary Care Loan (PCL)	P100 xxx-xx-_____	_____ / _____	_____ / _____
Loans for Disadvantaged Students (LDS)	D100 xxx-xx-_____	_____ / _____	_____ / _____
Other _____	_____ xxx-xx-_____	_____ / _____	_____ / _____

You cannot request a Perkins Loan deferment with this form. Please either contact the Student Loan Manager at UMMS or contact ECSI for further instruction.

FORBEARANCE	ACCOUNT NUMBER	FROM	TO
Other _____	_____ xxx-xx-_____	_____ / _____	_____ / _____
Perkins Loan (36 month maximum)	PER24 xxx-xx-_____	_____ / _____	_____ / _____

I understand that my Perkin loan will accrue interest during the period of time I am in forbearance. I further understand that I will **not** be able to capitalize the interest that has accrued when my forbearance expires. While in forbearance, I choose to:

_____ Make monthly interest payments _____ Forbear all payment until the end of my forbearance period

PART 4- UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USE ONLY

APPROVED FROM: _____ / _____ TO: _____ / _____ BY: _____ DATE: _____ / _____ / _____

RETURN COMPLETED FORM TO: **University of Massachusetts Medical School**
Office of Financial Aid-S1-844
Student Loan Manager
55 Lake Ave North
Worcester, MA 01655